Utah Cannabinoid Product Board

November 10, 2020
9:00-11:00 am
Utah Department of Health
This meeting was held virtually

This meeting was recorded. A copy of the recording can be requested by the Center for Medical Cannabis (medicalcannabis@utah.gov)

Attendees

- CPB Members: Brian Zehnder, Karen Wilcox, Lauren Heath, Michael Crookston, Perry Fine, Katherine Carlson, Ed Redd
- UDOH Staff and Members of the Public: David McKnight, Desiree Hennessy, Kayla Strong, Reshma Arrington, Richard Oborn, Shelia Walsh-McDonald, Mark Babitz, Jeremy Sumerix, Katie Barber, Sheila Walsh-McDonald

Minutes

9:10 AM Perry Fine to welcome the group

9:15 AM Approval of meeting minutes of September meeting, motion to approve meeting minutes by Brian Zehnder, Karen Wilcox to second. All in favor, motion approved.

9:10 AM Reshma Arrington discusses the medical cannabis program update: by the end of October the program had 13,600 patients. The dominant age group is between 31-45, the next group is 22-30. In the past there have been more males than females but gap has been decreasing over time. We do not have a QMP in every county, the vast majority are in the more populous counties.

9:15 AM Rich Oborn discusses the opening of one new pharmacy: Beehive Pharmacy in Salt Lake. This makes 7 of the 14 pharmacies operating. Home delivery is close to rolling out however, none have started. Rich discusses the changes in other states of which states went from medical to full recreational.

Perry Fine: Rich do you have any data on what changes occur in the medical programs once recreational products become available

Rich Oborn: I know there is data out there which Reshma could look into. I think there is a lot of quality loss in the program once the products go recreational since the market is larger for recreational. I know that medical patients don't always find what they were in the past once the state goes recreational.

Katie Carlson: I'm interested in knowing how state revenues change when a state goes recreational.

Rich Oborn: I know it's a huge difference. The state brings in a lot as well as the market itself.

Katie Carlson: I'm also interested in knowing about the regulations and how minors are being monitored when these changes occur.

Perry Fine: What's interesting is that we typically see patients entering "chronic pain" as their reason to receive medical cannabis and chronic pain is typically a condition for the older patient. Being a doctor of chronic pain, I know there are young adults as well but I think there are an overwhelming number of patients with chronic pain ranging in age as well. I hope these are being monitored correctly. This should be looked into more and I'm hoping that we can find more research or create more research into this.

Reshma Arrington: I'd like to add that there will always be more certifications than the number of active patients since a patient can enter the program with more than one certification.

Katie Carlson: I was working in California when cannabis came into legalization and we saw the same trend there where we would find young, working men entering the program. It's fairly typical.

Ed Redd: I think we should be looking into this deeper. There's a need to find out about who and why people are using cannabis for chronic pain and who is using it recreationally and developing cannabis use disorder. It's worth looking into who is using it for pain management or people using cannabis to reduce their opioid use.
We should look into this when there is time, maybe next year since December and January are filled with other topics.

Perry Fine: Yes, we have topics for December and January so I'll ask everyone to start thinking about this question on cannabis use for pain and opioid use, either for chronic pain or non-prescribed opioid use.

> *Assignment: CPB members to develop a question on the topic of opioid use and cannabis use as well as chronic pain and cannabis use.*

Karen Wilcox: This is a great PharmD project, we have students who can dedicate some time to this so I can reach out there.

9:25 AM Perry Fine: Reshma, could you talk about the survey and that will be our final item?

Reshma Arrington: I cannot present the survey since the report is not finalized. Much of what has been discussed already has been well covered in the survey. We surveyed patients who have been in our program for at least 30 days. The vast majority of the respondents reported that they entered the program with chronic pain, PTSD as the second most listed condition. The vast majority rated their benefits from medical cannabis to be 7-10, 10 being a life changing event. 55% of patients did report that they reduced other medications because of the use of medical cannabis.

Ed Redd: Did we get any feedback on the EVS? I've tried using it and I'm having a hard time navigating through it so I'm wondering what the feedback was there.

Reshma Arrington: So, we didn't ask about the EVS and how user-friendly the system is mainly because we do make ourselves available to patients and QMPs to troubleshoot via phone and email. In the survey we did provide multiple opportunities for participants to tell us their feedback open-endedly and

I was excited to see that not too many participants took the chance to complain about the EVS. I think patients really used this opportunity to describe the benefits to their health instead.

Rich Oborn: And just to add on that, we are aware that we need to continue making improvements to the system. We are constantly working with the vendor for the EVS to make these changes. It's a work in progress.

Perry Fine: Can we compare any data from the Center for Medical Cannabis to ER visits for those coming in with an opioid overdose as well as EMS calls? What does the data look like for before and after entering the program?

Reshma Arrington: Just to add that I've already begun talking to some others in the Department to start sharing this data. The problem is that this year is going to be a little confounded with COVID19 playing such a huge roll. So the question is really when is the best time?

9:40 AM Katie Carlson: I'd also like to suggest that we look into the DOPL database.

Ed Redd: I don't think we can access DOPL unless you have the correct permissions.

Katie Carlson: I believe that DOPL data can be used if it is de-identified and for non-patient use. We can also obtain IRB approval.

Perry Fine: The likelihood of getting truthful data from the individual is hard to trust. So, yes going through a DOPL database would be worth it. But we want to make sure we have the correct permissions to do so.

Assignments: Reshma Arrington to investigate how to use DOPL data

9:50 AM Rich Oborn: Yes, we can look into DOPL and we are also in the middle of allowing all physicians to be recommending medical cannabis. Not to all of their patients but just to a small number of 10-15. It's a push that the Utah Legislator is thinking about. So if that passes then we would need to think about how medical cannabis can be implemented into the CSD.

Perry Fine: Ok, this is a huge topic that we need to look into further but I'm happy that we had the time to start a conversation about it. Let's keep this meeting short and give everyone the second hour back. If no other comments I would like to end here.

10:00 AM Karen Wilcox: Motion to adjourn.

Meeting adjourned at 10:00 AM.